

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Friends of Lisa Ferrick		
Street Address		3030 Clark Road		
City	Erie	State	PA	Zip Code 16510

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/07/2017	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
	06/06/2017	10/23/2017
A. Amount Brought Forward From Last Report	\$	793.21
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	5,708.65
C. Total Funds Available (Sum of Lines A and B)	\$	6,501.86
D. Total Expenditures (From Schedule III)	\$	4,344.27
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,157.59
F. Value of In-Kind Contributions Received (From Schedule II)	\$	57.60
G. Unpaid Debts and Obligations (From Schedule IV)	\$	16,450.00

For Office Use Only

2017 OCT 27 PM 2:12
ERIE COUNTY
VOTER REGISTRATION
TF

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

27 day of October 2017
Michelle Gonda
Signature
COMMONWEALTH OF PENNSYLVANIA

My Commission expires
NOTARIAL SEAL
MICHELLE GONDA
MO. Notary Public
HARBORCREEK TWP, ERIE COUNTY

Lynne A. Mowles
Signature of Person Submitting Report
Printed Name
(814) 8231591
Area Code Daytime Telephone Number

Part II- If this is a report of a Candidate for a Political Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

27 day of October 2017
Michelle Gonda
Signature
COMMONWEALTH OF PENNSYLVANIA

My Commission expires
NOTARIAL SEAL
MICHELLE GONDA
MO. Notary Public
HARBORCREEK TWP, ERIE COUNTY
My Commission Expires May 26, 2019

Lisa R. Ferrick
Signature of Candidate
Printed Name
814 873-8051
Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts—\$ 50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	463.65
2. Contributions of \$ 50.01 to \$ 250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	-0-
All Other Contributions (Part B)		\$	1,745.00
Total for the reporting period	(2)	\$	1,745.00
3. Contributions Over \$ 250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	-0-
All Other Contributions (Part D)		\$	3,500.00
Total for the reporting period	(3)	\$	3,500.00
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	-0-
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	5,708.65

PART A **Contributions Received From Political Committees**

§ 50.01 TO § 250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from § 50.01 TO § 250.00 in the reporting period.

Filer Identification Number										Amount	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City	State		Zip Code				Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City	State		Zip Code				Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City	State		Zip Code				Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City	State		Zip Code				Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City	State		Zip Code				Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City	State		Zip Code				Date [MM/DD/YYYY]		\$		

PART B
All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
 \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:									
------------------------------	--	--	--	--	--	--	--	--	--

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Philip B. Friedman					07/10/2017		\$	100.00
House #	Street Address		Date [MM/DD/YYYY]		\$			
17	West 10th Street				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Erie	PA	16501			\$			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Barton L. Towell					07/28/2017		\$	240.00
House #	Street Address		Date [MM/DD/YYYY]		\$			
5727	Firman Road				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Erie	PA	16510			\$			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Joseph M. Hilbert					07/31/2017		\$	250.00
House #	Street Address		Date [MM/DD/YYYY]		\$			
218	Frontier Drive				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Erie	PA	16505			\$			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Amanda Leute					08/04/2017		\$	55.00
House #	Street Address		Date [MM/DD/YYYY]		\$			
940	East Street				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Waterford	PA	16441			\$			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Grant C. Travis					08/11/2017		\$	250.00
House #	Street Address		Date [MM/DD/YYYY]		\$			
102	Lorna Lane				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Edinboro	PA	16412			\$			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Cathleen M. Stine					08/21/17		\$	100.00
House #	Street Address		Date [MM/DD/YYYY]		\$			
5709	Fairford Lane				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Virginia Beach	VA	23464			\$			

PART B
All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Jill L. Cordes		Date [MM/DD/YYYY]	\$	200.00
House #	2082	Street Address		Kenilworth Avenue		Date [MM/DD/YYYY]	\$		
City	Los Angeles	State	CA	Zip Code	90039	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Jon L. Woodard		Date [MM/DD/YYYY]	\$	100.00
House #	726	Street Address		West 2nd Street, Apt 1		Date [MM/DD/YYYY]	\$		
City	Erie	State	PA	Zip Code	16507	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Eric Hackwelder		Date [MM/DD/YYYY]	\$	250.00
House #	456	Street Address		West Gore Road		Date [MM/DD/YYYY]	\$		
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Eugene Strohmeier		Date [MM/DD/YYYY]	\$	200.00
House #	5906	Street Address		Footmill Road		Date [MM/DD/YYYY]	\$		
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$		
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$		

PART C **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:									
------------------------------	--	--	--	--	--	--	--	--	--

Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		

PART D
All Other Contributions

Over \$ 250.00

Use this Part to itemize all other contributions with an aggregate value over \$ 250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:									
------------------------------	--	--	--	--	--	--	--	--	--

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Arthur G. Stine					06/27/2017		\$	500.00
House #	Street Address		Date [MM/DD/YYYY]		\$			
149	Belle Avenue				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Boalsburg	PA	16827			\$			
Employer Name			Occupation					
Penn State University			Retired					
Employer Mailing Address / Principal Place of Business			University Park, PA					

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Cynthia M. Roelle					07/19/2017		\$	250.00
House #	Street Address		Date [MM/DD/YYYY]		\$			
8250	Dili Place		09/08/2017		\$	250.00		
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Dulles	VA	20189			\$			
Employer Name			Occupation					
currently unemployed			ATTORNEY					
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Lisa R. Ferrick					10/03/2017		\$	2,000.00
House #	Street Address		Date [MM/DD/YYYY]		\$			
3030	Clark Road				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Erie	PA	16510			\$			
Employer Name			Occupation					
currently unemployed			Attorney					
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Marleen L. Bohrer					10/18/2017		\$	500.00
House #	Street Address		Date [MM/DD/YYYY]		\$			
696	Irvine Drive				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Erie	PA	16511			\$			
Employer Name			Occupation					
			Homemaker					
Employer Mailing Address / Principal Place of Business								

PART E Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	
------------------------------	--

Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number: **1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period	(1)	\$	-0-
--------------------------------	-----	----	-----

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	57.60
--------------------------------	-----	----	-------

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	-0-
--------------------------------	-----	----	-----

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$	57.60
---	--	----	-------

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]		\$
Amy Erickson					07/03/2017		57.60
House #	Street Address		Date [MM/DD/YYYY]		\$		
8646	Belle Road						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Harborcreek	PA	16421					
Description of Contribution			candy for July 4th parade				
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Description of Contribution							

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$ 250

Filer Identification Number:	
------------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:											
To Whom Paid					Date [MM/DD/YYYY]		Amount				
Borough of Wesleyville					06/08/2017		\$ 20.00				
House #		Street Address			Description of Expenditure						
3124		Buffalo Road									
City		State		Zip Code		Wesleyville Community Day booth check #117					
Wesleyville		PA		16510							
To Whom Paid					Date [MM/DD/YYYY]		Amount				
Creative Imprint Systems					07/03/2017		\$ 137.40				
House #		Street Address			Description of Expenditure						
2670		West 11th Street									
City		State		Zip Code		campaign t-shirts check #118					
Erie		PA		16505							
To Whom Paid					Date [MM/DD/YYYY]		Amount				
Creative Imprints Systems					08/04/2017		\$ 233.75				
House #		Street Address			Description of Expenditure						
2670		West 11th Street									
City		State		Zip Code		campaign t-shirts check #120					
Erie		PA		16505							
To Whom Paid					Date [MM/DD/YYYY]		Amount				
Lamar Advertising					08/23/2017		\$ 1877.50				
House #		Street Address			Description of Expenditure						
8235		Oliver Road									
City		State		Zip Code		4 billboards (1st pymt) check #121					
Erie		PA		16509							
To Whom Paid					Date [MM/DD/YYYY]		Amount				
ECBA					08/31/2017		\$ 35.00				
House #		Street Address			Description of Expenditure						
302		West Ninth Street									
City		State		Zip Code		Erie Atty address labels check #122					
Erie		PA		16502							
To Whom Paid					Date [MM/DD/YYYY]		Amount				
Erie County					08/31/2017		\$ 35.00				
House #		Street Address			Description of Expenditure						
140		West 6th Street									
City		State		Zip Code		super voter walking list check #123					
Erie		PA		16501							
To Whom Paid					Date [MM/DD/YYYY]		Amount				
DeSantis Signs					09/08/2017		\$ 524.69				
House #		Street Address			Description of Expenditure						
540		West 18th Street									
City		State		Zip Code		100 signs + posts check #124					
Erie		PA		16502							
To Whom Paid					Date [MM/DD/YYYY]		Amount				
Harbor Creek School District					10/02/2017		\$ 100.00				
House #		Street Address			Description of Expenditure						
6375		Buffalo Road									
City		State		Zip Code		Husky Harvest Run Sponsorship check #125					
Harborcreek		PA		16421							

SCHEDULE III
Statement of Expenditures

Filer Identification Number: _____

To Whom Paid		DeSantis Signs			Date [MM/DD/YYYY]	10/03/2017	\$	300.00
House #	540	Street Address			West 18th Street			
City	Erie	State	PA	Zip Code	16502	Description of Expenditure		
						100 signs + posts (deposit) check # 126		
To Whom Paid		Printing Concepts Inc.			Date [MM/DD/YYYY]	10/04/2017	\$	846.94
House #	4982	Street Address			Pacific Avenue			
City	Erie	State	PA	Zip Code	16506	Description of Expenditure		
						handouts + senior ad prep check # 127		
To Whom Paid		DeSantis Signs			Date [MM/DD/YYYY]	10/09/2017	\$	224.69
House #	540	Street Address			West 18th Street			
City	Erie	State	PA	Zip Code	16502	Description of Expenditure		
						100 signs + posts (final pymt) check # 128		
To Whom Paid		PayPal			Date [MM/DD/YYYY]	10/19/2017	\$	9.30
House #	2211	Street Address			North First Street			
City	San Jose	State	CA	Zip Code	95131	Description of Expenditure		
						paypal Account fees		
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address						
City		State		Zip Code		Description of Expenditure		
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address						
City		State		Zip Code		Description of Expenditure		
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address						
City		State		Zip Code		Description of Expenditure		
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address						
City		State		Zip Code		Description of Expenditure		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:									
------------------------------	--	--	--	--	--	--	--	--	--

Name of Creditor						Lisa R. Ferrick				Outstanding Balance of Debt	
House #	3030	Street Address		Clark Road		DATE DEBT INCURRED [MM/DD/YYYY]		02/01/2017		\$	2,500.00
City	Erie		State	PA	Zip Code	16510					
Description of Debt											
Loan to committee for campaign purposes											

Name of Creditor						Lisa R. Ferrick				Outstanding Balance of Debt	
House #	3030	Street Address		Clark Road		DATE DEBT INCURRED [MM/DD/YYYY]		04/05/2017		\$	3,000.00
City	Erie		State	PA	Zip Code	16510					
Description of Debt											
Loan to committee for campaign purposes											

Name of Creditor						Lisa R. Ferrick				Outstanding Balance of Debt	
House #	3030	Street Address		Clark Road		DATE DEBT INCURRED [MM/DD/YYYY]		04/13/2017		\$	2,000.00
City	Erie		State	PA	Zip Code	16510					
Description of Debt											
Loan to committee for campaign purposes											

Name of Creditor						Timothy & Lisa Ferrick				Outstanding Balance of Debt	
House #	3030	Street Address		Clark Road		DATE DEBT INCURRED [MM/DD/YYYY]		05/03/2017		\$	2,000.00
City	Erie		State	PA	Zip Code	16510					
Description of Debt											
Loan to committee for campaign purposes											

Name of Creditor						Timothy & Lisa Ferrick				Outstanding Balance of Debt	
House #	3030	Street Address		Clark Road		DATE DEBT INCURRED [MM/DD/YYYY]		05/10/2017		\$	1,950.00
City	Erie		State	PA	Zip Code	16510					
Description of Debt											
Loan to committee for campaign purposes											

Name of Creditor						Lisa R. Ferrick				Outstanding Balance of Debt	
House #	3030	Street Address		Clark Road		DATE DEBT INCURRED [MM/DD/YYYY]		05/24/2017		\$	3,000.00
City	Erie		State	PA	Zip Code	16510					
Description of Debt											
Loan to committee for campaign purposes											

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:									
Name of Creditor		Lisa R. Ferrick					Outstanding Balance of Debt		
House #	3030	Street Address		Clark Road		DATE DEBT INCURRED [MM/DD/YYYY]		\$	2,000.00
City		Erie		State	PA	Zip Code	16510		
Description of Debt									
Loan to committee for campaign purposes									
Name of Creditor							Outstanding Balance of Debt		
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State		Zip Code			
Description of Debt									
Name of Creditor							Outstanding Balance of Debt		
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State		Zip Code			
Description of Debt									
Name of Creditor							Outstanding Balance of Debt		
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State		Zip Code			
Description of Debt									
Name of Creditor							Outstanding Balance of Debt		
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State		Zip Code			
Description of Debt									
Name of Creditor							Outstanding Balance of Debt		
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State		Zip Code			
Description of Debt									
Name of Creditor							Outstanding Balance of Debt		
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State		Zip Code			
Description of Debt									